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20350 7	590 08/29	2006						
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SAN FRANCISCO	J, CA 94111-3834	•		L	Krista K. M	erri	nac '	(Depositor's name
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					November 28	, 200	06	(Date
APPLICATION NO. FILING DATE		. 1		FIRST NAMED INVENTO	OR .	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/751,170	10/751.170 12/30/2003		Kulwinder		15114H-071300US			3360
TITLE OF INVENTION: N	MEMORY CONTROL							
APPLN. TYPE	SMALL ENTITY	ISSUE FEI	DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$140	0	\$0	\$ 0		\$1400	11/29/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS]			
SCHLIE, PAUL W		2186		711-168000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address for PIOVSB/122) statched. "Fee Address" indication (or "Fee Address" Indication form PTOVSB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a ergistered attorney or agent) and the names of up to 2 registered patent automeps or agents. If no name is listed, no name with be printed.				
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Please check the appropriat	e assignec category or	categorics (wi	ll not be p	rinted on the patent):	☐ Individual ☐ C	omoratio	on or other private gro	oup entity Governmen
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a. Applicant claims S	MALL ENTITY statu	s. See 37 CFR	1.27.	b. Applicant is no le	onger claiming SMA	LL ENT	TTY status. See 37 Cl	FR 1.27(g)(2).
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Authorized Signature	C. St.						er 28, 2006	
Typed or printed name C. Bart Sullivan					Registration N	10.	1,516	
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